

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 25 | 05-25-00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | 7/24/00 |

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral) ... Canceled
÷ Restricted

N Non-elected
I Interference
A Appeal
O Objected

BEST AVAILABLE COPY

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 6/8/00 |
| 2 | 6/8/00 |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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